PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
		CLAIMS A	S FILED -		(Column 2)			SMALL ENT		OR	OTHER SMALL E	THAN
U.S. NATIONAL STAGE FEES			·					RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies-PCT-Article 33(1)- (4) = \$50 / \$100		· All-other-situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	271
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			mine	us 100 =	/ 50 ≐			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			/ minus 20 =		•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			minus 3 =		•			X \$ 100 =	•	OR	X \$ 200 =	,
MUL	TIPLE DEPEND	DENT CLAIM PRE	SENT					+ \$ 180 =	٠	OR	+ \$ 360 =	\$
* If the difference in column 1 is less than zero, enter "0" in column 2							<b>.</b>	TOTAL		OR	TOTAL	9111
CLAIMS AS AMENDED - PART II  4-14-5 6 (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							7	SMALL E	· · · · · · · · · · · · · · · · · · ·			
2		CLAIMS REMAINING AFTER AMENDMENT		NUM	BER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	• 13	Minus .	"20		08		X \$ 25 =		OR	X \$ 50 =	
	Independent	• /	Minus	3		0	<b>]</b> .	X \$ 100 =	•	OR.	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+ \$ 180 =		OR	+ \$ 360 =	) .
			<u></u>	•	•			TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
	•	,				(Oaksen 6)	-					
2	•	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGH NUM PREVI	mn 2) IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	independent***	Process of the second	Minus				<b>Holica</b>	×*\$*100=		•OR•	•X•\$•200!=■	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	•
	<u>.                                    </u>	-		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	•				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
	The Highest Nur	nber Previously Paid	i For" (Total or the	dependent)	is the hig	hest number foun	id in t	he appropriate box	c in column 1.	•		